



North Carolina New Organizational Vision Award

Pilot Project Information Manual

**Revised
March 2005**

This document was developed and published by the North Carolina Foundation for Advanced Health Programs in collaboration with the NC NOVA Partner Team.

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Acknowledgement

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and the NC NOVA Partner Team express their appreciation to

THE PARAPROFESSIONAL HEALTHCARE INSTITUTE

for its technical assistance in developing the domains and criteria
for NC NOVA special licensure designation detailed in this manual.

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SECTION I: PURPOSE

The purpose of this document is to:

- Describe the New Organizational Vision Award (NC NOVA), which is a voluntary, special licensure program for home care agencies, adult care homes and nursing facilities being developed under North Carolina's Better Jobs, Better Care demonstration grant.
- Explain NC NOVA's goal of positively changing workplace culture to improve the recruitment and retention of direct care workers and the program's expectations for doing so.
- Provide background information about eligibility requirements for participation as a pilot site and the criteria for attaining NC NOVA special licensure designation.
- Outline reporting requirements that are specific to participation as a pilot site for purposes of the national Better Jobs Better Care demonstration grant evaluation effort.
- Present a timeline for developing, piloting and fine-tuning the special licensure program that will culminate with its implementation statewide in January 2007.
- Serve as a resource document for NC NOVA pilot sites and other organizations interested in applying for special licensure designation once the program is implemented statewide. (Note: This manual will be updated once any final program revisions are made prior to statewide implementation.)

SECTION II: INTRODUCTION

North Carolina is one of five state-based coalitions that received a Better Jobs Better Care demonstration grant funded jointly by The Robert Wood Johnson Foundation¹ and Atlantic Philanthropies². Started in July 2003, these 42-month demonstration grants are intended to implement changes in policy and practice that will improve the recruitment and retention of high-quality direct care workers to meet the needs of long-term care consumers in both home and community-based settings. The Institute for the Future of Aging Services (IFAS), based in Washington D.C., is the National Program Office for this effort. IFAS contracts with the Paraprofessional Healthcare Institute, based in New York, to provide technical assistance to demonstration grantees.

North Carolina's broad-based coalition, known as the "Partner Team," is made up of consumers, direct care workers and supervisors, long-term care provider-related associations, state regulators, educators and researchers. The coalition's efforts are under the N.C. Foundation for Advanced Health Programs, lead agency for the grant.

The Partner Team was funded to develop, pilot and implement a uniform set of criteria and expectations for statewide use, on a voluntary basis, across home care, adult care homes, and nursing facilities. These expectations and criteria address factors that affect the recruitment, retention and job satisfaction of direct care workers. Providers that are judged to meet the expectations and criteria established under this voluntary, raise-the-bar program will receive a special licensure designation to be known as North Carolina's New Organizational Vision Award. NC NOVA designation will be issued as a separate license document sent to the provider in addition to the provider's regular license. It is the intent that this special designation would be the basis for the provider being eligible

¹ The Robert Wood Johnson Foundation, based in Princeton, N.J., is the nation's largest philanthropy devoted exclusively to health and health care. It concentrates its grant making in four goal areas: to assure that all Americans have access to quality health care at reasonable cost; to improve the quality of care and support for people with chronic health conditions; to promote healthy communities and lifestyles; and to reduce the personal, social and economic harm caused by substance abuse – tobacco, alcohol, and illicit drugs.

² The Atlantic Philanthropies work globally to identify and support leaders, institutions, and organizations dedicated to learning, knowledge building, and solving pressing social problems. It has a longstanding interest in aging.

for labor enhancement funding or a reimbursement differential that North Carolina might adopt in the future.

Medical Review of North Carolina, North Carolina's Peer Review Organization, will be the entity responsible for determining whether a pilot-project applicant for NC NOVA meets the expectations and criteria established for receipt of an NC NOVA designation. Once Medical Review of North Carolina determines an applicant does indeed meet the criteria, it will notify the North Carolina Division of Facility Services, which, in turn, will prepare the NC NOVA license award document.

NC NOVA is intended to be a meaningful and voluntary "raise-the-bar" program pertaining to direct care staff recruitment and retention that would apply across long-term-care-related settings. Toward that end, the Partner Team has identified job practices known to contribute to high turnover in the direct care workforce and, by extension, workplace cultures in which turnover is low and job satisfaction high. These practices were grouped into four major areas called "domains." The domains are:

- Supportive Workplaces
- Balanced Workloads
- Training
- Career Opportunities

Within each domain, the Partner Team has outlined expectations that a provider would have to voluntarily meet to achieve special licensure designation. While not highly prescriptive or financially burdensome, the special program will require that providers make an investment of time and resources, and that they change their workplace culture. The Partner Team determined that the domains and related criteria for NC NOVA would be weighted as follows:

- Supportive Workplaces 45%
- Balanced Workloads 25%
- Training 20%
- Career Opportunities 10%

Specific elements and criteria related to these domains are addressed more fully in Section V.

The Partner Team will pilot test NC NOVA requirements and review procedures between July 2005 and August 2006 with applications accepted between July 2005 and May 2006. Sixty provider entities will participate in the pilot phase: 20 home care agencies; 20 adult care homes; and 20 nursing facilities, including some from Continuing Care Retirement Communities. State-level provider associations selected the agencies/facilities that will participate in the pilot, representing their respective long-term care setting. It is expected that the pilots will, on the whole, represent a diverse group of participants in terms of geographic location, size, ownership type, etc.

Once the pilot phase has concluded, the Partner Team will make any final changes needed to NC NOVA in time for full statewide implementation in 2007.

Each pilot site will be paid \$2,600 to participate in this workforce initiative, largely in consideration of the employment and termination data for direct care staff that is required as part of the Better Jobs Better Care national evaluation effort. Technical assistance for data collection will be available through the national Better Jobs Better Care evaluation team at Penn State University. Data from the 60 pilot sites will be aggregated, and only statewide data will be reported. No data from any individual pilot site will be available. Appendix 1 details data submission requirements for pilot sites.

Note: Applications, provider-specific notes from on-site visits and any other provider-specific material that Medical Review of North Carolina uses to determine whether a pilot site attains NC NOVA designation will be held in confidence by Medical Review of North Carolina and destroyed after the special licensure decision is made.

To assist pilot sites and/or those that would want to participate once special licensure is implemented statewide, Appendix 2 and Appendix 3 include resource information on research/best practices related to the impact of workplace culture change on recruitment and retention, the stability of an organization's workforce, job performance

and satisfaction. Also included is information about existing training programs, curricula and resources to help organizations plan to meet the expectations and criteria for special licensure.

At the time this document was updated in March 2005, the Partner Team was working on the instruments and procedures that Medical Review of North Carolina would use to assess whether changes in practices and policies undertaken by program participants had actually made a positive impact on workers and, ultimately, consumers. To keep up with the Partner Team's continued work in this and other areas, potential pilot sites should periodically check for updates at

For information about the national Better Jobs Better Care effort, go to www.bjbc.org.

SPECIAL LICENSURE PILOT FRAMEWORK

The 60 organizations expected to participate in the NC NOVA pilot phase will be expected to:

- Attend an orientation meeting. The meeting will include information about time schedules, expectations, application/review procedures, national program evaluation reporting requirements, resources for NC NOVA initiatives, etc.
- Work toward implementing the NC NOVA requirements with the expectation of submitting an application for NC NOVA review **no later than May 2006**. *(The May deadline is included to ensure adequate time for Medical Review of North Carolina to conduct reviews and make NC NOVA determinations by August 2006 and provide the NC NOVA Partner Team enough time to make any changes to the model prior to statewide implementation in 2007.)*
- Provide feedback as requested from the NC NOVA Partner Team

The North Carolina Division of Facility Services will issue a separate, special license in addition to the operating license to a provider that meets the requirements for NC NOVA designation. The special licensure designation will be awarded for two years. Only under certain conditions would the special licensure designation be terminated prior to the two-year award period. (See Section VIII for details on termination.)

STATEWIDE IMPLEMENTATION

During the pilot phase, the Partner Team will make any necessary refinements to the expectations, criteria and processes. Once these refinements are complete, NC NOVA will be open to licensed home care agencies, adult care homes and nursing facilities statewide. It is expected that, at some point in the future, NC NOVA will be used to determine eligibility for any labor enhancement funds that may be approved or for some type of reimbursement differential in recognition of the comprehensive investment employers have made to their direct care workforce through this initiative. The development of the NC NOVA special licensure program and the intent to tie this award to labor enhancement funds or some reimbursement differential are consistent with the workforce recommendations contained in the Institute of Medicine's Long Term Care Task Force report published in 2001. (See <http://www.ncmedicaljournal.com/mar-apr-02/ar030204.pdf>.)

EXPECTED BENEFITS OF NC NOVA

TO PROVIDERS:

- Improved retention of quality direct care workers to care for clients/residents
- Improve staff relationships and communication
- A marketing and recruiting boost from NC NOVA designation
- Future possibility of ultimately tying special licensure award to increased funding

TO WORKERS:

- Better workplace environment and job satisfaction

- Opportunities for personal and professional growth
- Improved staff relationships/communication

TO CONSUMERS:

- More stable, satisfied and quality direct care workforce for today's clients/residents
- Stable, quality direct care workforce available in long-term care settings for the future
- Recognition of and appreciation for the essential role direct care workers play in the delivery of quality long-term care services

SECTION III: PARTNER TEAM MEMBERS

Kathie Smith	Association for Home and Hospice Care of North Carolina
Sandy Spillman	N.C. Assisted Living Association
Lou Wilson	N.C. Association, Long-Term Care Facilities
Belinda Wilson	N.C. Association, Long-Term Care Facilities
Susan Williamson	N.C. Association Non-Profit Homes for the Aging
Polly Godwin Welsh	N.C. Health Care Facilities Association
Laurie Blanton	Harnett Manor: Direct Care Supervisor
Brenda McLaughlin	Harnett Manor: Direct Care Worker
Margie Barron	South Village, Rocky Mount: Direct Care Worker
Mary Edge	South Village, Rocky Mount: Direct Care Worker
Jan Moxley	Direct Care Workers Association of North Carolina
John Young	N.C. Friends of Residents of Long-Term Care
Pat Capehart	Consumer
Bob Konrad	N.C. Institute on Aging, UN.C.-Chapel Hill
Ellie McConnell	Gerontological Nursing Program, Duke University
Kirsten Corazzini	Gerontological Nursing Program, Duke University
Jill McArdle	Medical Review of North Carolina
Phyllis Daw	N.C. Department of Health and Human Services
Jesse Goodman	N.C. Department of Health and Human Services
Emily Saunders	N.C. Department of Health and Human Services
Hazel Slocumb	N.C. Department of Health and Human Services
Beverly Speroff	N.C. Department of Health and Human Services
Susan Harmuth	N.C. Foundation for Advanced Health Programs
Mike Massoglia	Project Team Facilitator

SECTION IV: PROPOSED TIMETABLE

2003

July Partner Team begins work under Better Jobs Better Care grant

2004

May Consensus reached on domains to be part of special licensure and relative weights

August Consensus reached on eligibility criteria for participation in special licensure program and conditions under which a special license could be revoked. Partner Team also determined that the decision of Medical Review with regard to application and on-site review process for NC NOVA would be final (no appeals)

October Consensus reached on three of six Supportive Workplace domain elements

Measurement subcommittee begins meeting to develop measurement instruments associated with criteria developed by the Partner Team

November Consensus reached on name and logo for special licensure program (NC NOVA)

Consensus reached on final three domain elements for Supportive Workplace domain

Measurement subcommittee continues its work

Two-day coaching supervision training sessions initiated to support training for potential pilot projects (November 2004 – January 2005)

2005

February Consensus reached on final three domains for NC NOVA

Measurement committee continues to meet

PowerPoint presentation developed to support Partner Team members with providing information to respective constituents about NC NOVA

Boilerplate Memorandum of Understanding developed for use with participating pilot sites for NC NOVA by state level provider associations on Partner Team

- March Provider Manual readied for pilot sites
- May Partner Team and several pilot sites meet with representatives from national Better Jobs Better Care program
- Orientation meeting conducted for pilot sites
- June/July Penn State provides technical assistance to pilot sites regarding data collection for national program evaluation
- Pilot sites begin instituting necessary organizational change initiatives in effort to meet NC NOVA criteria
- Additional coaching supervision training sessions conducted in support of pilot sites
- Period opens for pilot sites, when ready, to submit application for NC NOVA, and Medical Review of North Carolina will conduct reviews accordingly. The deadline for applications is May 2006.

2006

- January Legislation drafted for statewide implementation of NC NOVA
- May Application period closes for NC NOVA pilot participation.
- August Partner Team begins determination of whether any changes are needed to NC NOVA criteria, procedures, etc., prior to finalizing for statewide implementation.
- October Partner Team makes final changes to NC NOVA program and related materials in preparation for statewide implementation
- Begin providing information to state level provider associations, provider organizations, direct care workers, consumer advocacy organizations, policymakers, etc., about special licensure program and statewide implementation plans

2007

- January NC NOVA statewide implementation begins

SECTION V: DOMAINS AND CRITERIA FOR NC NOVA DESIGNATION

The supportive workplaces domain has the following six elements:

Orientation	Management Support
Peer Mentoring	Reward and Recognition
Coaching Supervision	Worker Empowerment

DOMAIN #1: SUPPORTIVE WORKPLACES

Supportive Workplaces Element #1: Orientation

Orientation is a structured, time limited, initial training process by which an employer familiarizes new employees to organizational mission, policies and procedures and the workplace environment.

Recommended Elements for Successful Interventions

A critical piece in supporting new workers entering a workplace is an effective orientation to the job, the organization, and the people. This will vary according to setting, but optimally the following elements should be included:

- a. Set a minimal length of time with a defined beginning and end to complete orientation, with defined minimum prescriptive elements based on practice setting. No exceptions.
- b. Ensure that orientation includes relationships as well as tasks. Personally introduce new direct care worker to staff and residents/clients (and a peer mentor) with whom they will work.
- c. A system in place that demonstrates the peer-mentoring program is fully understood and supported by organizational leadership. All staff are oriented to the mentors role.
- d. Based on competency assessment, work experience, readiness and case mix of client population, have an initial schedule for new workers with a gradually increasing load, rather than a full assignment of clients or residents to care for on day one.
- e. Evidence that facilities/agencies provide support in understanding/adopting employment rules and practices.
- f. Include topics such as communication, teamwork, problem solving skills; use adult learner centered training techniques.

- g. Provide information about organizational mission, culture and values.
- h. A system in place that provides extra support during the initial probationary period including at a minimum: a structured peer mentoring program (and assigning a single peer mentor to a new employee); a process fostering on-going skills development and skills reinforcement with multiple disciplines and integrating expertise from supervisory staff; on-going access to a peer support group(s); and demonstration that employees are make aware of this system.

Supportive Workplaces Element #2: Peer Mentoring

Recommended Elements for Successful Interventions

Peer mentoring is an extremely effective means for creating a supportive workplace environment for new workers in terms of orientation, and for seasoned workers in terms of a career path opportunity. To succeed as an intervention, Peer Mentoring needs to be a formal program that is clearly thought out and understood by all staff within the organization. Programs are most successful when the following elements are included:

- a. Peer mentors have a clearly defined role responsibilities and job description whereby mentors provide one on one support to individually assigned new employees.
- b. There is a clear system for mentors to provide support to new employees and manage their assigned caregiving responsibilities. (Caseload reduction or opportunity for increased hours and shift flexibility are three examples). This role is not just an add-on to existing responsibilities – it is a commitment to providing the peer mentor time to carry out mentor responsibilities).
- c. There is a fair, consistent criteria based system for selecting peer mentors.
- d. There is a system for initial and on-going assignments and on-going evaluation.
- e. Peer mentoring is viewed as a career pathway and compensated accordingly.
- f. The mentoring program is fully understood and supported by organizational leadership; all staff are oriented to the mentors' role.
- g. A system in place that demonstrates that mentors and mentees have a clear understanding of the nature, purpose and length of the mentor/mentee relationship.
- h. Peer Mentors must be trained. An effective training program would be interactive and focus on interpersonal communication and problem-solving skills, leadership development and teaching/coaching skills (within applicable scope of practice act requirements). Ongoing support must be provided to mentors, through additional in-services, coaching, or peer support groups.
- i. There is a staff person responsible for program oversight and on-going troubleshooting.
- j. A peer mentor does not take the place of a supervisor.
- k. An ongoing system for evaluating the peer-mentoring program should be in place. The system should incorporate information from both mentors and mentees.

Supportive Workplaces Element #3: Coaching Supervision

Coaching Supervision is an approach to supervision that relies on working with employees in a manner that centers on developing problem solving skills, the ability to think critically, prioritize and communicate effectively.³

Recommended Elements for Successful Interventions

A key component of a supportive workplace includes workers who are valued by a coaching approach to supervision that is skillfully applied. Supervision is a skill that can be taught and learned through formal training. Persons charged with supervisory duties need formal training to effectively carry out their supervisory responsibilities. Coaching Supervision training should be available to all senior managers and front line supervisors in the organization. In this way, the coaching approach is inherent throughout the organization.

Having supervisors who have completed training in coaching supervision is critical to creating a workplace where employees feel valued and respected. The attention needed includes adequate supervisory training, a coaching approach to supervision, and organizational structures that make coaching supervision possible. Specific elements are:

- a. Supervisory jobs are designed or restructured so that there is time allotted for coaching supervision. Management will need to review job descriptions with the understanding that supervision of workers is a significant task that requires time and training. Job descriptions need to include or reflect adequate time that supervisors need to coach.
- b. Personnel Policies, especially policies related to performance improvement and disciplinary action (review in context of definition of coaching), need to reflect a coaching approach to supervision, and need to be effectively communicated and enforced. All staff should be trained in the implementation of these policies.
- c. Training in the coaching approach to supervision is essential.
An acceptable, standardized training program would be sanctioned by the NC Department of Health and Human Services and offered by qualified trainers in accordance with trainer requirements established by the NC Department of Health and Human Services. Training would be interactive and include coaching principles, interpersonal communication and problem solving, and opportunity for skill building and practice.
- d. Commitment from senior management to a coaching-based model of communication and managing people should be visible throughout the organization. Management must demonstrate their belief in workers' ability to

³ Paraprofessional Healthcare Institute, "Creating a Culture of Retention: A Coaching Approach to Paraprofessional Supervision", September 2001, p. 5.

succeed and be willing to provide consistent support through effective and respectful supervision.

- e. Supervisors implementing the coaching approach should have ongoing support and skill building. This may take the form of additional in-services, one-on-one coaching, and coaching discussion groups.
- f. Employees need to be oriented to this supervisory approach and their respective roles with regard to the coaching approach to supervision.

Supportive Workplaces Element #4: Management Support

Recommended Elements for Successful Interventions

Management creates and supports a climate of mutual respect and responsiveness that values front-line caregiving as a shared goal of direct care workers, clinical staff and non-clinical personnel throughout the organization. A commitment by top management goes along with worker empowerment as factors critical to the success of any change initiative.

Some specific elements central to management support are:

- a. Clients/residents and their direct care workers are central to decision-making, within the scope of their jobs and caregiving responsibilities.
- b. Jobs are designed so that workforce and caregiving practices respect and reinforce the consumer-caregiver relationship. When practical, relationship should precede task; for example, consistent assignment and caregiving practices that promote personal preferences in bathing, meals and other daily routines. But often the need for an immediate response to a consumer—by any staff member, even if the staff member is not able to fully respond to the consumer's request at that moment—will take priority, as in answering a call bell or helping to pour coffee at dinner.
- c. Supervisory practices reinforce a supportive environment to overcome obstacles and/or performance issues using such techniques as respectful two-way communication, problem solving and other strategies detailed elsewhere in the section on Coaching Supervision.
- d. Management creates systems for ongoing communication within and between departments with the goal of making sure that all workers on all shifts are kept up to date and have a way to comment on issues that arise. Communication on substantive matters is clear and timely.
- e. Case management or employee counseling is offered to address logistical and emotional issues such as coordinating access to community services needed to overcome external obstacles such as childcare, transportation, housing, etc. Management offers support groups for employees to address life/work issues—especially in the first 90 days of employment, as part of the orientation and mentoring of new employees.
- f. Opportunities are created for managers and line staff from different departments and levels to develop leadership and participation skills, so that a representative group has the capacity to lead a change process.

- g. Management gives workers the tools they need to do their jobs. These could range from lifts that help with caregiving responsibilities to mileage allowances in home health that help with employment responsibilities.
- h. Management supports professional development and skills building in workers' areas of expertise including financial support for tuition, registration, release time, etc.

Supportive Workplaces Element #5: Worker Empowerment

Recommended Elements for Successful Interventions

Worker empowerment is fundamental to creating a supportive workplace environment. There are many understandings of the term “empowerment” and many ways that direct care workers can be empowered consistent with their experience, insights and expertise. To be effective, they require worker participation in planning and decision-making about day-to-day and long range care practices and work environment. Communication pathways are open, and staff at all levels and in all departments, engage in problem solving around issues that directly affect the care of residents/patients and the work environment. Organization leadership and team members demonstrate their clear conviction of the value of direct care worker experience, insights and expertise in organizational operations including recognition that direct care workers have both direct care and non-direct care responsibilities.

In the workplace, direct-care workers are likely to have the most personal contact with and may be the staff closest to residents/clients. Direct care workers may be in best position to understand how policies affect their ability to establish caring relationships. Involving direct-care workers from the beginning in evaluating current practices and developing new ones helps assure that workers will be able to adapt and integrate the new practices into daily routines.

True empowerment requires that:

- Direct care workers have input into care-planning
- Direct care workers have input into resident/client quality of care and quality assurance/quality improvement processes
- Formal mechanisms exist and are implemented for involving direct care workers in the establishment of consistent care delivery teams and care assignments, to the extent possible and based on worker preferences and the ability of the organization to meet /patient care needs.
(Note: don't want to preclude floaters—just want to be sure there are formal mechanisms for involvement in assignment and care teams and mechanisms for preventing workers from being assigned in isolation of a routine schedule)
- Direct care workers participate in key committees to evaluate current practice and design alternatives, e.g. Better Life Committee, policy committees, etc.
- Direct care workers have opportunities for flexible scheduling and assignments (e.g. self scheduling, flexible shifts, etc.)
- Direct care workers have a quiet, designated place and the necessary resources (such as a table/desk, chair, pads, pens/pencils, access to charts, time, etc.) at reasonable times to complete non-direct care tasks.

- Clear and timely feedback is provided in response to suggestions/input provided by direct care workers about patient/resident care and work environment.
- Direct care workers must have the information and support they need to function effectively in a participatory setting.

Supportive Workplaces Element #6 Rewards and Recognition

Recommended Elements for Successful Interventions

Reward and recognition are distinct from an organization's regular compensation policies. Rewards, whether monetary or non-monetary, address the needs and interests of the direct care workers themselves. Extrinsic rewards and worker recognition are helpful additions to other daily efforts to acknowledge the value of workers both as individuals and a group. Managers should engage workers in a participatory process to determine what would be valued and meaningful forms of recognition.

When developing reward and recognition programs it is essential to:

- Be fair and equitable in the selection process
- Involve worker participation with guidance from management about what would be feasible, given time and budget constraints
- Be valued and meaningful to direct care workers themselves
- Clearly show link between rewards and behaviors or actions being recognized
- Go beyond basic compensation

Attempts to recognize and reward employees must be culturally sensitive. In today's culturally diverse work environment, managers need to find out from workers what is acceptable.

Some examples of reward and recognition programs might include:

- a. Worker appreciation events, where all or selected workers are publicly honored.
- b. Daily/weekly/monthly/annual acknowledgement of worker contributions.
- c. Financial incentives/bonuses for performance, attendance, recruitment, leadership, etc.
- d. Opportunities for personal or professional development.
- e. Company-sponsored activities for workers and their families, e.g., boat ride, trip to amusement park, barbeque, etc.
- f. Programs that are solely performance based (e.g. such as a lottery or bonus eligible only to persons who had perfect attendance for the month/week, etc.)

DOMAIN 1: SUPPORTIVE WORKPLACES

Criteria for NC NOVA Designation: Orientation

Orientation is a structured, time limited, initial training process by which an employer familiarizes new employees to the workplace environment as well as the organizational mission, policies and procedures.

An orientation program provides essential and enhanced support for all new employees during their initial probationary period.

An effective orientation to the job, the organization, and the people is critical to supporting new employees entering a workplace. This will vary according to setting, but optimally the following elements should be included:

Criteria for NC NOVA Designation: Orientation		
Activity	Expected Evidence of Structure and Process	Outcome
<p>The program has standardized content, sets minimum number of hours for orientation and relies on training techniques geared to the knowledge level of new employees. The program incorporates principles of adult learning including notions that:</p> <ul style="list-style-type: none"> • Adults need to be involved in the planning and evaluation of their instruction. • Experience (including mistakes) provides the basis for learning activities. • Adult are most interested in learning subjects that have immediate relevance to their job or personal life. • Adult learning is problem-centered rather than content-oriented. 	<ul style="list-style-type: none"> • Topics and hours of orientation program • Adult learning principles incorporated in teaching methods • Policies & Procedures describing existence of Orientation Program completed probationary period and adjusted as needed • Orientation materials provided to new employees, including designated contact person for questions and/or clarification. • Records that document completion of orientation program • Opportunities for skills reinforcement and 	<ul style="list-style-type: none"> • Workers become better acquainted with organization and organization policies. • Worker skills are strengthened. • Employees are aware of support system(s) • Improved job satisfaction of newer aides because of support system(s) <p><u>Workers are:</u></p> <ul style="list-style-type: none"> • Well-adjusted to structure of organization, its policies and procedures, culture, values and mission • Fully introduced to staff and clients/patients • Welcomed into the team

Criteria for NC NOVA Designation: Orientation		
Activity	Expected Evidence of Structure and Process	Outcome
<p>Orientation content includes, but is not limited to:</p> <ul style="list-style-type: none"> • Information about the mission and values of the organization. • Tasks as well as relationships with patients/residents and staff • Interpersonal skills training on topics such as communications, teamwork, problem solving. • Employment/administrative rules and practices and practical information such as organizational paperwork, how to find and order supplies, lunch, break and time-off policies and procedures. • Overview and implementation of structured peer mentoring program (and assigning a single peer mentor to a new employee). • A process fostering ongoing skills development and skills reinforcement • Ongoing access to peer support. 	<p>additional training, and peer support groups.</p>	<ul style="list-style-type: none"> • Well acclimated to tasks and roles expected of them on the job <p><u>Workers receive:</u></p> <ul style="list-style-type: none"> • Identified peer mentor and ongoing support as needed following initial probationary period • Timely feedback on performance and development. • Validation for achievement of significant milestone

Criteria for NC NOVA Designation: Orientation		
Activity	Expected Evidence of Structure and Process	Outcome
Based on competency assessment, work experience, readiness and case mix of client population, have an initial schedule for new workers with a gradually increasing load, rather than a full assignment of clients/residents to care for on day one.	<ul style="list-style-type: none"> • Policies & Procedures call for assignment of graduated caseload for new workers over first 3-7 days. • Records documenting new worker's assignments and caseload during orientation period. • On-site observation 	New workers assigned work at a pace they can keep up with.
Peer mentoring program in place, which orients new employees, reinforces skills, and provides support. (See Peer Mentoring element for details of peer mentoring role.)		Peer mentoring program initiated during orientation.

DOMAIN 1: SUPPORTIVE WORKPLACES

Criteria for NC NOVA Designation: Peer Mentoring

Peer Mentoring is an extremely effective means for creating a supportive workplace environment—for new workers in terms of orientation, and for seasoned workers in terms of a career path opportunity. To succeed as an intervention, Peer Mentoring needs to be a formal program that is clearly thought out to meet the needs of the LTC organization and understood by all staff. Programs are most successful when the following elements are included:

Criteria for NC NOVA Designation: Peer Mentoring		
Activity	Expected Evidence of Structure and Process	Outcome
Peer mentors have a clearly defined role that spells out responsibilities, job description and what their organization wants them to do; namely, give one-on-one support—not supervision—to individually assigned new employees, in particular, and other employees in general.	<p>Peer Mentor job description</p> <ul style="list-style-type: none"> • Clear role • One-on-one mentoring <p>Job descriptions of new hires</p> <p>There is a plan such that new employees do not receive a full caseload until having successfully completed the orientation/mentoring process. The supervisor, in conjunction with the mentor and worker, will make this determination.</p>	<p>Peer Mentors have a clear role, which is understood by all facility staff.</p> <ul style="list-style-type: none"> • On site interviews with mentors, new workers, managers, other workers • List of new hires and Peer Mentors assigned to them • Schedule of Peer Mentors and new hire interactions.
There is a clear system for mentors to provide support to new employees <u>and</u> to carry out their own, new and existing caregiving responsibilities, if any. This role is not just an add-on to existing responsibilities; the role is management's commitment to providing the mentor time to carry out mentoring responsibilities.	<p>Description of system for mentoring and carrying out care assignments that could include:</p> <ul style="list-style-type: none"> • Caseload reduction • Opportunity for increased hours • Shift flexibility • Plan for mentoring new (and others as needed) 	<p>Mentors can manage their mentoring responsibilities and care assignments.</p> <ul style="list-style-type: none"> • Individual interviews with mentors, co-workers, and managers <p>Ask for examples</p> <p>Will need to look at how the day or week is spent.</p>

Criteria for NC NOVA Designation: Peer Mentoring		
Activity	Expected Evidence of Structure and Process	Outcome
There is a fair, consistent criteria-based system for selecting, not appointing, peer mentors.	<p>Description of selection system and criteria and documentation, including:</p> <ul style="list-style-type: none"> • Application process • Schedule of interviews • Log of applicants 	<p>The mentor selection system is viewed as fair and objective.</p> <ul style="list-style-type: none"> • Individual interviews with mentors, co-workers, and managers <p>Documented description of applicants</p>
Peer Mentors must be trained. An effective training program would be interactive, and focus on interpersonal communication and problem-solving skills, leadership development and teaching/coaching skills (within applicable scope of practice act requirements). Ongoing support must be provided to mentors, through additional in-services, coaching, or peer support groups.	<p>Description of training program and curriculum</p> <ul style="list-style-type: none"> • Attendance lists • Detailed curriculum • Include in-services and ongoing support 	<p>Mentors are effectively trained and prepared for their role.</p> <p>On-site interviews with mentors, mentees, co-workers and managers.</p>
An adequate number of mentors is available on each shift (if applicable) as a resource for all workers, not only new hires.	<p>Description of the process for assigning mentors, including how the number needed was derived</p> <ul style="list-style-type: none"> • Mentor available all shifts (if applicable) • Submit information about how determine the number of mentors needed 	<p>The mentor-mentee assignment process is understood and viewed as fair.</p> <ul style="list-style-type: none"> • On-site interviews with mentors, mentees, co-workers and managers.
There is an ongoing system for evaluating both the peer mentoring program and the mentors themselves. The system should incorporate information from mentors, mentees, managers and consumers.	<p>Description and evidence of evaluation system</p> <ul style="list-style-type: none"> • Feedback forms • Sample evaluations • Questions include time allocation and value of program • Report of changes made 	<p>The mentor program is regularly evaluated and changes made where needed.</p> <p>On-site interviews with mentors, mentees, co-workers and managers</p>

Criteria for NC NOVA Designation: Peer Mentoring		
Activity	Expected Evidence of Structure and Process	Outcome
Peer Mentoring is viewed as a career pathway and compensated accordingly	<p>Evidence of additional compensation for mentors and amount. (Range of options: hourly increase, bonus, stipend)</p> <p>Evidence of how this position fits into a larger career lattice within the organization, if applicable</p>	<p>Workers view mentoring a career pathway.</p> <p>On-site interviews with mentors, mentees, co-workers and managers.</p>
There is a designated staff person responsible for program oversight and on-going troubleshooting.	<p>Identification and job description of staff person</p> <ul style="list-style-type: none"> • Resume and qualifications for the job • Sample of activities in the job of PM oversight 	<p>The Mentor program is effectively managed.</p> <ul style="list-style-type: none"> • On-site interviews with Mentor Liaison, mentors and mentees. • Seek out examples of troubleshooting.

DOMAIN 1: SUPPORTIVE WORKPLACES

Criteria for NC NOVA Designation: Coaching Supervision

Coaching Supervision is an approach to supervision that relies on working with employees in a manner that centers on developing problem solving skills; the ability to think critically, prioritize and communicate effectively.⁴

Preparing supervisors to use effective, respectful, team-building methods for leadership and management is a key element of a supportive workplace where employees feel valued and respected. Supervision is a skill that can be taught and learned through formal training. Employees charged with supervisory duties need formal training to effectively carry out their duties. Training in “Coaching Supervision” should be available to all senior managers and front-line supervisors so the coaching approach is inherent throughout the organization.

Criteria for NC NOVA Designation: Coaching Supervision		
Activity	Expected Evidence of Structure and Process	Outcome
<p>Management and supervisory staff receive training in coaching supervision approach.</p> <p><i>Note: Front-line supervisors include persons charged with the functional role of assigning job duties and/or direct supervision of frontline workers.</i></p> <p><i>(Workers supervised by front-line supervisors include direct care staff as well as housekeeping staff, nutritional services staff,</i></p>	<ul style="list-style-type: none"> • Written policies and procedures underscore the organization’s commitment to coaching supervision and specify the senior managers and supervisory staff required to receive coaching supervision training. • An operational plan to train front-line supervisors, management/leadership staff so that: <ul style="list-style-type: none"> ○ 50 percent of existing staff, including the administrator and director or nursing, complete DHHS-approved training within four months 	<ul style="list-style-type: none"> • Commitment from senior management and supervisors to provide the time and resources to support a coaching-based approach to communication and managing people. • Direct care workers show evidence of problem-solving skills. • Evidence of effective communication skills throughout the organization. • The climate is open to change and problem-solving rather than “this is how we do it.”

⁴ Paraprofessional Healthcare Institute, “Creating a Culture of Retention: A Coaching Approach to Paraprofessional Supervision”, September 2001, p. 5.

Criteria for NC NOVA Designation: Coaching Supervision		
Activity	Expected Evidence of Structure and Process	Outcome
<p><i>social services/activity staff in the organization as appropriate.</i> <i>Front-line supervisors (for purposes of coaching supervision training)do not include <u>irregular</u> PRN staff.</i></p>	<p>of the organization's application for special licensure designation</p> <ul style="list-style-type: none"> ○ an additional 30 percent complete their training within the next four months ○ 100 percent of new hires (in front-line supervisory, management and leadership positions) complete DHHS-approved training within six months of their employment <ul style="list-style-type: none"> • Organizational training records indicating who was trained, when and where. • Plan and documentation of periodic refresher training/support on coaching supervision techniques. 	<ul style="list-style-type: none"> • Organization sustains its coaching supervision program to continually improve supervisors' skills.
<p>Training in the coaching approach to supervision is completed through a program and trainer approved by NC DHHS.</p>	<ul style="list-style-type: none"> • DHHS-approved training program used. • Certificates of completion of DHHS-approved program maintained in appropriate staff files. 	<p>Through interviews show that</p> <ul style="list-style-type: none"> • Employees are comfortable sharing opinions and ideas about work-related problems or issues with supervisors, managers and co-workers • Supervisors perceive that they have gained work time because workers are able to solve most work

Criteria for NC NOVA Designation: Coaching Supervision		
Activity	Expected Evidence of Structure and Process	Outcome
		related problems independently
Supervisory jobs and responsibilities are designed or restructured to include an expectation that coaching supervision techniques are used.	<ul style="list-style-type: none"> Written job descriptions for supervisors that emphasize coaching supervision role and incorporate coaching philosophy and goals. Written job descriptions show allocation or reallocation of assignments and responsibilities in order to emphasize coaching role. 	<ul style="list-style-type: none"> Improvement in supervisory relationships with fewer formal write-ups for disciplinary action of workers.
Coaching approach to supervision is reflected in key management and personnel practices and policies, especially those relating to performance improvement and discipline action.	<ul style="list-style-type: none"> All staff are trained in the implementation of policies relating to performance improvement and disciplinary action using a coaching approach Except in cases of abuse, neglect or endangerment of clients, residents and/or staff, formal disciplinary actions and annual evaluations of workers are conducted face-to-face by, or with, input from the supervisor bringing the action. 	<ul style="list-style-type: none"> Employees have knowledge of performance expectations and a clear sense of accountability.
All employees are oriented to coaching supervisory approach and their respective roles with regard to the coaching approach to supervision.	Description of orientation program, including an explanation of coaching supervision approach and related policies and procedures.	Employees understand coaching supervisory approach and their roles in process.

DOMAIN 1: SUPPORTIVE WORKPLACES

Criteria for NC NOVA Designation: Management Support

Management creates and supports a climate of mutual respect and responsiveness that values front-line caregiving as a shared goal of direct care workers, clinical staff and non-clinical personnel throughout the organization. A commitment by top management supports all the other domains and is essential to the success of any change initiative.

Criteria for NC NOVA Designation: Management Support		
Activity	Expected Evidence of Structure and Process	Outcome
Management creates, develops and supports participatory and collaborative systems for ongoing communication within and between departments with the goal of making sure that all workers on all shifts are kept up to date and have a way to comment on issues that arise. Clear and timely feedback is provided in response to day-to-day communication from direct care workers about patient/resident care and work environment.	<p>Organizational communications plan and practice, including:</p> <ul style="list-style-type: none"> • Description of communication systems and tools • How management communicates with staff • How departments communicate with one another • How input is solicited from and feedback provided to direct care workers • Description of process for communication between shifts and shift report • How change is communicated • Description of process for worker input in communication <p>Direct observation important here</p>	<p>Workers are informed and have the opportunity to provide input on matters that affect their ability to do their jobs. They are actively engaged in organizational initiatives or changes</p> <ul style="list-style-type: none"> • On-site interviews with workers and managers: <ul style="list-style-type: none"> ○ “Do you have the information needed to do your job?” ○ “Can you provide input in response to information you receive?” ○ Examples your input is listened to?”

Criteria for NC NOVA Designation: Management Support		
Activity	Expected Evidence of Structure and Process	Outcome
Case management or employee counseling is offered to address logistical and emotional issues such as coordinating access to community services needed to overcome obstacles such as childcare, transportation, housing, etc. Management offers support groups for employees to address life/work issues—especially in the first 90 days of employment, as part of the orientation and mentoring of new employees.	<p>Description of case management or counseling supports</p> <ul style="list-style-type: none"> • Program is offered • Information on how it is used and evaluated • Support groups are offered, linked to orientation • Describe support group structure and process • Describe specific supports for new employees, addressing work-life issues • Structures in place? When and how long? 	<p>Workers are supported in addressing logistical and emotional barriers to work.</p> <p>On-site interviews</p>
Opportunities are created for managers and line staff from different departments and levels to develop leadership and participation skills, so that a representative group has the capacity to lead a change process.	<p>Development of “natural” leadership at all levels</p> <ul style="list-style-type: none"> • Describe process and mechanisms for leadership development • Is there training for leadership? • Do staff get paid leave time? <p>Established leadership group responsible for change process</p> <ul style="list-style-type: none"> • Committee description, minutes, direct care workers’ part. • What is the committee charged with? • How often do they meet? • What authority do they have? What is outcome of decisions or recommendations? 	<p>Workers at all levels participate actively in leading change process.</p> <ul style="list-style-type: none"> • On-site Interviews with workers and managers • On-site observation of key committee meetings: <ul style="list-style-type: none"> ○ “Are direct care workers present? ○ Do they contribute to the discussion? ○ Do others facilitate their contribution”?

DOMAIN 1: SUPPORTIVE WORKPLACES

Criteria for NC NOVA Designation: Rewards & Recognition

Rewards and recognition are distinct from regular compensation policies. Rewards, whether monetary or non-monetary, address the needs and interests of the direct-care workers themselves. Extrinsic rewards and worker recognition are helpful additions to other daily efforts to acknowledge the value of workers both as individuals and as a group. Managers should engage workers in a participatory process to determine what would be valued, meaningful and culturally sensitive forms of recognition.

Criteria for NC NOVA Designation: Rewards & Recognition		
Activity	Expected Evidence of Structure and Process	Outcome
A cross-section of workers is involved in participatory processes that solicit their ideas about what actions and behaviors should be recognized and what rewards would be meaningful.	<p>Description of how the rewards are developed, including information about how:</p> <ul style="list-style-type: none"> Workers input is solicited (e.g., through focus group, worker committee). Worker input is incorporated 	<ul style="list-style-type: none"> Workers are valued, formally recognized members of the organization who are involved in creating a positive work culture. Rewards are implemented and workers participate Workers receive recognition of their impact on the team and on their clients / residents.
Management is clear about what would be feasible, given time and budget constraints.	<ul style="list-style-type: none"> Evidence of management input regarding constraints for the design of the overall rewards and recognition program. Details of the program are shared with all employees when approved, modified or updated 	<ul style="list-style-type: none"> Workers' loyalty to organization increases. Workers' trust in management increases.

Criteria for NC NOVA Designation: Rewards & Recognition		
Activity	Expected Evidence of Structure and Process	Outcome
<p>Rewards are distinct from an organization's regular compensation policies and could include:</p> <ul style="list-style-type: none"> • Worker appreciation events where all or selected workers are publicly honored • Daily, weekly, monthly, annual acknowledgement of worker contributions • Financial incentives/bonuses for performance, attendance, recruitment or leadership, etc., or other programs that are solely performance-based such as a lottery or bonus eligible for staff with perfect attendance, etc. • Company-sponsored activities for workers and their families 	<p>Examination of progression in wage scale or worker wage and benefits over time.</p>	<p>Through interviews find that:</p> <ul style="list-style-type: none"> • Workers' job appreciation has increased • Workers can articulate that the rewards/recognition program for is distinct from their regular evaluation/wage increases • Workers are aware of opportunities to earn increased income and for what purposes. • The broader reward structure helps make positions more attractive to workers
<p>Efforts to recognize and reward employees are culturally sensitive.</p>	<p>Description of how worker cultural sensitivity was considered in the program design. (e.g., through focus group, worker committee), and how worker input was incorporated.</p>	<ul style="list-style-type: none"> • Workers feel valued in ways that are acceptable to them.

DOMAIN 1: SUPPORTIVE WORKPLACES

Criteria for NC NOVA Designation: Worker Empowerment

Worker empowerment is fundamental to creating a supportive workplace environment. To be effective, it requires formal, well-understood mechanisms for worker participation in planning and decision-making about day-to-day and long range care practices and work environment.

Criteria for NC NOVA Designation: Worker Empowerment		
Activity	Expected Evidence of Structure and Process	Outcome
Input from direct care workers influences the ongoing process of individualized care planning	<p>Care Planning Program Description, including orientation procedures that cover the agency's philosophy and methodology regarding the care planning process.</p> <p>Description of licensed personnel's role and responsibility in soliciting input and providing feedback from direct care workers re: care plans.</p> <p>Description of direct care workers' role and responsibility in contributing to ongoing care planning.</p> <p>Sample care plan, with the recipient's name removed, that exemplifies direct care workers' involvement</p>	<p>Workers' perspectives are consistently included and valued in the care planning process.</p> <ul style="list-style-type: none"> • On-site observation • Interviews with managers • Interviews with workers: <p>Are you involved in care planning for the people you care for?</p> <p>Can you give an example of how an idea or comment from you was made part of the plan?</p> <p>Is action taken in response to your reporting a consumer's need?</p> <p>If action is not taken based on your comment or idea, are you given feedback in a timely manner?</p>

Criteria for NC NOVA Designation: Worker Empowerment		
Activity	Expected Evidence of Structure and Process	Outcome
Care delivery assignments are consistently based on worker and client preferences, worker competencies and care needs of the clients.	<p>Policies and Procedures regarding care assignment, including descriptions of:</p> <ul style="list-style-type: none"> • How care assignments are made and how effectiveness is evaluated. • How consumer and worker preferences are managed. 	<ul style="list-style-type: none"> • Interview with workers and clients: Do you believe your needs and preferences are taken into consideration when the assignments are made? • Interview with manager Tell me how needs and preferences of the direct care workers and clients influence your assignment of care
Direct care workers have a quiet, designated place, designated times and the necessary resources to complete non-direct care tasks	<p>Descriptions of accommodations and resources (such as table/desk, chair, pads, pens/pencils, access to charts, time, etc.) over and above a break room</p>	<p>Workers are satisfied with the space and resources for non-direct care tasks.</p> <ul style="list-style-type: none"> • On-site evaluation • Interviews
Direct care workers and staff have avenues of input into agency decision-making	<p>Committee descriptions, minutes, attendance and other examples of input that address such questions as:</p> <ul style="list-style-type: none"> • What are committees charged with? • How often do they meet? • What are their roles and responsibilities? • What is the outcome of committee decisions or recommendations? • How many direct care workers are active committee members? • How often do workers seek input from their peers to bring to the committee meetings? 	<p>Workers' input on committees is valued.</p> <ul style="list-style-type: none"> • Interviews to elicit workers' perceptions of their input and value • Interviews with workers and managers • On-site observation of committee meetings: <ul style="list-style-type: none"> ○ Are direct care workers present? ○ Do they contribute to the discussion? ○ Do others facilitate their contribution?

Criteria for NC NOVA Designation: Worker Empowerment		
Activity	Expected Evidence of Structure and Process	Outcome
Direct care workers have input into residential/client quality of care and quality assurance/quality improvement processes	Description of QA/QI policies and processes that include descriptions of the process and how input is solicited	Workers understand the QA/QI process and their input is valued. <ul style="list-style-type: none"> • Interviews to elicit workers' perceptions of value and knowledge • Interviews with workers and managers to identify specific examples of "input" listened to
Direct care workers have the information and support they need to function effectively in a participatory setting	Description of training and/or orientation process for direct care workers' roles on committees or teams addressing such questions as: <ul style="list-style-type: none"> • How are direct care workers prepared for participation? • What support to managers and peers provide? • Is there any peer-to-peer communication among workers and shifts? • How often are staff meetings held? • Can workers call a meeting if they see the need to do so? 	Workers have the skills and confidence to voice opinions, knowledge and ideas. <ul style="list-style-type: none"> • Interviews to elicit workers' feelings of confidence and knowledge • Interviews with workers and managers

DOMAIN #2: TRAINING

Training is the ongoing process of instruction that enables workers to maintain and advance the skills they need to perform their jobs safely and effectively. Training and orientation are distinct but sometimes overlapping processes. Unlike orientation, training does not have a fixed duration; rather, it is a continuous undertaking that builds upon workers' demonstrated skills and strengthens their ability to thrive in a positive, problem-solving environment.

In direct care settings, effective training should be characterized by:

- An emphasis on strengthening the person-centered services and care respectful relationships, compassion and humanity that underlie the mission and values of the agency, facility or institution.
- Respect for the diverse backgrounds, training levels and learning styles of individual workers and research showing that adults are motivated more by “real-world problems” that build on real-life experiences and situations.
- Linkages with quality improvement initiatives and topics generated with input from front-line caregivers as well as the insights of administrators, whose broader view of the environment can help them identify emerging trends and needs.
- Involvement of experts outside of agency or facility, when necessary, because, not all agency or facility trainers will have expertise in each aspect of clinical care in which direct care workers must acquire proficiency.

Training initiatives targeted to direct care workers would be expected to include the following elements:

1. Ongoing training integrated into workplace management and conducted according to a written plan that covers specific skills and attitudes and dedicates time in which workers are relieved of their customary responsibilities to attend training.
2. Basic and advanced competencies for workers are identified and their core knowledge assessed for providing care to the target population of the agency, facility or institution. This needs assessment should address such issues as scope of care provided, case mix of people seen and the availability of clinically trained supervisors or consultants.
3. Routine availability of training on core values and customer service as well as knowledge and skills needed to perform in the organization.
4. Training modules focus on both high-volume, high-risk situations such as the process of dying and palliative care; effective techniques for caring for people with cognitive impairment; handling family member dissatisfaction about how care is scheduled; techniques for coaching and mentoring; infection control; CPR;

preventing behavioral disturbances in people with dementia; as well as low-volume but high-risk situations such as colostomy care or dealing with a new type of equipment such as a new tube-feeding set-up.

5. Clinical skills training includes both simulated and live practice opportunities with a knowledgeable and skilled practitioner who supervises learning from the introduction of the content, through practice in a simplified environment to demonstration/return-demonstration at the bedside or chair-side.
6. Preceptors or mentors who help translate new knowledge into daily care routines.
7. Staff learning accomplishments accompanied by visible recognition and reward.

Criteria for NC NOVA Designation: Training

Training is the ongoing process of instruction that enables workers to maintain and advance the skills they need to perform their jobs safely and effectively. Training and orientation are distinct but sometimes overlapping processes. Unlike orientation, training does not have a fixed duration; rather, it is a continuous undertaking that builds upon workers' demonstrated skills and strengthens their ability to thrive in a positive, problem-solving environment.

In direct-care settings, effective training is characterized by:

- Emphasis on person-centered services in all trainings involving client/customer service.
- Attention to encouraging the development of respectful relationships between the customer and the worker, strengthening the compassion and humanity underlying the mission and values of the agency, facility or institution.
- Respect for the diverse backgrounds, training levels and learning styles of individual workers. Research shows adults tend to be motivated more by “real-world problems” that build on real-life experiences and situations, for example, and some are “visual” learners while others are “auditory” learners.
- Linkages with quality-improvement initiatives and topics generated with input from front-line caregivers as well as the insights of administrators, whose broader view of the environment can help identify emerging trends and needs.
- Involvement of experts outside of agency or facility, when indicated, because not all agency or facility trainers will have expertise in each aspect of clinical care in which direct care workers must acquire proficiency.
- Recognition of the need for diversity in the methods and perspectives required to best assist direct-care workers in meeting the clinical and relational skill requirements of their positions.

Training initiatives targeted to direct-care workers under NC NOVA are expected to exceed minimum licensing requirements pertaining to continuing education for staff. Instruction provided as part of the organization's ongoing training for direct care workers assumes that it takes place while workers are on paid status and should include the following elements:

Criteria for NC NOVA Designation: Training		
Activity	Expected Evidence of Structure and Process	Outcome
<p>A formal training needs assessment is conducted at least annually at the agency, facility or institution and reviewed with employees. The assessment includes:</p> <ul style="list-style-type: none"> • Identification of basic and advanced competencies that workers need including specific skill sets and attitudes • Assessment of workers' core knowledge regarding the provision of care/services to organization's target population • Needs assessment of such areas as scope of care provided, case mix of people seen and availability of clinically trained supervisors or consultants. <p>Input from employees at all levels of organization using as collaborative and comprehensive methods as possible and reflecting individually identified training needs.</p>	<ul style="list-style-type: none"> • Policies & Procedures regarding training needs assessment (process, content, timeline). • Reports on results of training needs assessment that include observations, assessment, description of methodology and people involved in doing the assessment and a plan of action for formal implementation. <p>For instance, direct care workers are asked to submit individual training needs/preferences which are then reviewed and obviously incorporated into the training plan developed; or a list of potential training topics is provided from which direct care workers can identify individual needs and also add other content.</p>	<p>Through interviews with senior management determine that:</p> <ul style="list-style-type: none"> • Assessment of training needs is a regular part of organization's activities • Assessment yields useful information about ongoing training needs as conditions at facility, agency, or institution change. • Service delivery meets needs of target population. <p>Through interviews with direct care workers and review of documents related to assessment and training, determine that workers had direct input and that training conducted corresponds to identified needs.</p>
<p>Ongoing training plan for the organization is created that reflects the findings from the needs assessment.</p>	<p>A copy of the training plan which includes but is not limited to: timeline, content areas, and processes.</p>	<p>Through interviews with senior management and workers determine that:</p> <ul style="list-style-type: none"> • A clear, plan is established annually with priorities that relate to the needs assessment. • Training seamlessly integrated into operation of the organization

Criteria for NC NOVA Designation: Training		
Activity	Expected Evidence of Structure and Process	Outcome
<p>Routine training is available on:</p> <ul style="list-style-type: none"> Organizational core values Customer service Knowledge and skills needed to perform <i>satisfactorily</i> in the organization. Use and maintenance of necessary equipment and supplies. 	<ul style="list-style-type: none"> Policies & Procedures regarding organization's training programs. Material detailing trainings offered (timelines, content/ curriculum/, list of participants). Instruction manuals for equipment. 	<p>Through interviews with management and workers determine that:</p> <ul style="list-style-type: none"> An ongoing training program is in place. An established core set of skills and expectations is continually reinforced.
<p>Training content includes situations workers commonly experience involving a high degree of skill and precision to master because of the risk involved with them.</p>	<p>Training modules include:</p> <ul style="list-style-type: none"> Process of dying and palliative care Effective techniques for caring for people with cognitive impairment HIPAA Addressing family concerns Coaching and mentoring techniques Infection control CPR Managing behavioral disturbances in people with dementia. 	<p>Through interviews with workers determine that:</p> <ul style="list-style-type: none"> Training modules address highest-risk situations, both those that arise frequently and those that occur less frequently The needs they identify are considered when their training plans are developed
<p>Training modules cover situations workers deal with infrequently but still require a high degree of skill to master because of the risk involved.</p>	<p>Examples of training modules might include:</p> <ul style="list-style-type: none"> Colostomy care Dealing with new type of equipment such as tube-feeding set-up. 	<p>Through interviews with workers determine they are prepared because they have the skills and ability to serve the clients they are assigned to work with</p>
<p>Clinical skills training includes both simulated and live practice opportunities with knowledgeable and skilled practitioner with evidence of at least some formal training in adult education. This practitioner is responsible for supervising learning from</p>	<p>Review written training materials and curricula for clinical skills training.</p>	<p>Clinical training is effective because it:</p> <ul style="list-style-type: none"> Is conducted through both simulation and live practice. Incorporates proven methods aimed for adult learners

Criteria for NC NOVA Designation: Training		
Activity	Expected Evidence of Structure and Process	Outcome
content introduction through practice in a simplified environment (using a demonstration /return-demonstration methodology) at bedside or chair side.		
When appropriate, someone with expertise—preceptor, supervisor or co-worker—is identified and available to help workers integrate their new skills and knowledge into daily care routines.	Documentation of experts	Through interviews determine that staff know who these experts are and how to get their help as needed.
Workers schedules/hours are considered when scheduling trainings, and the training is in a convenient location.	Documentation of location/timing.	Through interviews with workers determine that: they are able and willing to attend training because times and locations are convenient
Workers are relieved of their customary responsibilities to attend training, and coverage is obtained to ensure continuity in care.	Review Personnel / Policy Manual.	Through interviews with workers determine that they have a greater incentive to attend training knowing they are relieved of customary responsibilities and that care will be provided to client/consumer. Through interviews with management determine that it can explain how training is conducted to relieve workers of duties.
Staff learning accomplishments are accompanied by visible recognition and reward. (See page 22 for more discussion on this point.)	Documentation to support that each training will have a specifically designated way of rewarding staff either through recognition in the form of a certificate or plaque or through financial rewards.	Through interviews with training managers and workers determine that: <ul style="list-style-type: none"> • Training and learning are encouraged for all workers through recognition and reward. • Organization communicates to staff that it values “progress” through learning and training.

DOMAIN #3: BALANCED WORKLOADS

Balanced workloads result from ongoing cooperation between management and direct care workers. The process is designed to provide the right level of staffing and resources necessary given an ever-changing case-mix needs of the facility or agency.

Because each direct care setting is unique, with needs that can change in significant ways on a daily basis, flexibility in scheduling and assignments—rotating assignments to avoid burn-out, for example, or distributing workloads on a case-mix basis—might be the most important principle underlying the goal of balanced workloads.

Other principles that underlie balanced direct care workloads include:

- Ongoing review of the population that the direct care staff/care team serve and the reasonableness of the assigned workload and expectations for productivity based on patient acuity, the intensity of care needed and competency of available staff.
- Input from direct care workers on the care team and the creation of a written, widely understood mechanism for identifying and making adjustments to staff/team assignments as frequently as conditions warrant.
- Consideration of special needs such as dementia and the inclusion of staff training to meet those needs as part of any approved plan for safe and balanced workloads.
- Extensive back-up planning thoughtfully created and widely communicated to staff, with float pool, on-call list and overtime provisions to ensure necessary coverage for holidays, adverse weather and other staffing contingencies.
- Giving employees time to perform their tasks and establishing mechanisms both to track, measure and correct excessive overtime and to detect worker burnout.
- Training staff members to use and maintain necessary equipment, which is strategically located and kept in good working order with sufficient supplies.

Examples that demonstrate balanced workloads in direct care settings include:

1. Direct care staff self-schedule work shifts, both under normal conditions and when responding to unanticipated changes in staffing or care demands consistent with employee staffing needs.
2. There are internal temporary, float pools, on-call schedules, temp lists or similar devices available to reduce reliance on contract workers to meet staffing demands.
3. Direct care staff has a system to identify warning signs of worker burnout and rotate worker/care team assignments to make needed and timely adjustments.
4. Home care agencies offer alternative for some staff to ensure full-time work. There are financial or scheduling incentives to work less desirable or harder to fill shifts or assignments and these incentives are assumed to be above any applicable wage and hour requirements.
5. In residential settings there are pay differentials for working on a hall or team that is short-staffed.
6. Workers have input into their work schedule based on their work availability and preferences.
7. The agency has implemented a process to ensure clients have realistic expectations of direct care worker assignments.
8. Productivity standards and maximum patient visit thresholds are developed to ensure safe, effective and quality care, taking into consideration acuity, assigned tasks and travel considerations.

Criteria for NC NOVA Designation: Balanced Workloads

Balanced workloads result from ongoing cooperation between management and direct-care workers. Because each direct-care setting is unique, with client-based needs that can change in significant ways on a daily basis, flexibility in scheduling and assignment is designed to provide the right level of staffing and resources necessary given an ever-changing client and case-mix needs and the need to build relationships between workers and consumers. Having balanced workloads also assumes an appropriate level of qualified staff, equipment and supplies.

Examples that demonstrate balanced workloads in direct care settings include:

Criteria for NC NOVA Designation: Balanced Workloads		
Activity	Expected Evidence of Structure and Process	Outcome
Workers have meaningful input into their work schedule based on their work availability and preferences.	<ul style="list-style-type: none"> On-site observations of scheduling operations. Process to determine worker availability. Examples could include: <ul style="list-style-type: none"> Survey Charts Written requests 	<p>Through interviews with workers determine that:</p> <ul style="list-style-type: none"> Their stated preferences and availability are taken into account by schedulers. They are less like to call off/out based on scheduling conflicts if they have input into their own schedules.
Ongoing review of client / resident population <u>with</u> direct care staff/care team to assess reasonableness of assigned clients / residents and expectations for productivity based on client / resident acuity, intensity of care needed and competency of available staff.	<ul style="list-style-type: none"> Documentation that those responsible for scheduling understand that they should incorporate the strengths, training and preferences of staff into their scheduling practices. Equipment and supplies are strategically located / readily available with equipment in good working order and ample supplies. 	Through interviews with supervisors, schedulers and workers determine that care team and workers are continuously involved in fine-tuning workload and assignments in order to create balanced workloads.
Extensive back-up staffing plan exists and is communicated to staff to ensure coverage for holidays, adverse weather, and other contingencies. Organizations utilize internal back-up systems before relying	<ul style="list-style-type: none"> Existence of internal temporary float pools, on-call schedules and/or temp lists. Review relevant Policies and Procedures for getting into float pools to 	Through interviews with supervisors and workers regarding how back-up staffing plan works (in particular, whether workers know how to "join" and what benefits are involved with

Criteria for NC NOVA Designation: Balanced Workloads		
Activity	Expected Evidence of Structure and Process	Outcome
on contract workers	work overtime, if desired.	being in the on-call pool) determine that: <ul style="list-style-type: none"> • The organization is not heavily reliant on contract workers who are costly to the organization and disrupt continuity of care for the clients/residents. • Care teams, workers, and client/patients can count on reliable back-up staffing plans to meet expected and unexpected contingencies. • Higher wages earned by workers who wish to work additional shifts. Direct care staff is satisfied with the number of hours worked.
“Early-warning system” in place to detect and correct worker burnout and unwanted or excessive overtime.	<ul style="list-style-type: none"> • Written material describing “early-warning system.” • Written records detailing rotations of worker/care team assignments in response to early detection. 	Organization continuously monitors overtime and other potential indicators of worker burnout to detect and correct overburdening of workforce.
Financial and/or scheduling incentives exist to reward workers for helping out in unexpected emergencies or staff shortages and/or harder-to-fill shifts or assignments.	<ul style="list-style-type: none"> • Documented assessment of organization’s staffing patterns, which identifies systemically difficult to fill shifts/hours/locations. • Review Personnel Manual for written policies regarding incentives. For example, pay differentials exist in residential settings for working on a short-staffed hall or team. 	Interview direct care staff to determine that workers are compensated for working unexpected emergencies or staff shortages and/or harder to fill shifts or assignments.

DOMAIN #4: CAREER DEVELOPMENT

Recommended Elements for Successful Interventions

Opportunities for career advancement are an important ingredient of better jobs that can help to stabilize the workforce. A good, employer-based career development program is open, equitable and accessible to all employees, including clinical, administrative and paraprofessional. Employees know that there are opportunities for increased compensation in the form of extra pay, benefits or other workplace inducements for those who acquire additional skills or take on added responsibilities within the organization to promote improved quality of care.

A career development system should incorporate what are widely regarded as fundamental practices of human resources management, at least including:

- Written personnel policies discussed at orientation and available to all employees.
- Regular performance reviews that include both written and face-to-face assessments of an employee's strengths, weaknesses and opportunities for advancement with an associated professional development plan that is revised as needed to reflect opportunities for advancement opportunities within the organization and/or the profession and beyond.
- A structured, incremental system that categorizes direct care job titles, descriptions, qualifications, responsibilities and pay ranges. Personnel policies should also address the minimum and maximum incremental wage increases for an employee moving from one job category to another.
- The posting of internal job vacancies and a formal application and selection process for employees who want to fill them.
- Opportunities for continuing education and management support through reimbursement of tuition and/or registration fees, release time, etc.
- Career paths within unlicensed category for direct care workers.

Some examples of career development initiatives that could apply to direct care workplaces include:

1. Having peer mentors/unlicensed persons who will be orienting new staff involved in the pre-employment interview process.
2. Rewarding seniority and expertise with more control and choice over work scheduling, shifts and assignments.

3. Implementing a “Win-A-Step-Up” type model that provides financial incentives for direct care workers who complete certain additional job-related training.
4. Incorporating into the organization’s career advancement pathways any new state-recognized direct care job categories such as medication aide and/or geriatric nurse aide and their associated job descriptions and wage scales.
5. Including job categories and wage differentials for peer mentors.
6. An internally developed set of unlicensed direct care job categories that represent a career ladder or lattice with corresponding reward within these unlicensed job categories.

Criteria for NC NOVA Designation: Career Development

Opportunities for career development and advancement are an important ingredient of better jobs that can help to stabilize the workforce.

A good, employer-based career development system (CDS) is open, equitable and accessible to all employees, including clinical, administrative and paraprofessional staff members. It is a structured, incremental system that incorporates what are widely regarded as fundamental practices of human resources management and categorizes direct-care job titles, descriptions, qualifications, responsibilities and pay ranges. With it are personnel policies stating minimum and maximum incremental wage increases for an employee moving from one job category to another. Employees know that there are opportunities for increased compensation in the form of extra pay, benefits or other workplace inducements for those who acquire additional skills or take on added responsibilities within the organization to promote improved quality of care.

Some examples of career development initiatives applicable to direct-care workplaces may include, but are not limited to, career ladders and lattices, rewarding excellence in care, and policies for promoting from within.

Criteria for NC NOVA Designation: Career Development		
Activity	Expected Evidence of Structure and Process	Outcome
There is a CDS in place that incorporates into the organization's career pathways new state-recognized direct-care job categories as appropriate and their associated job descriptions and wage scales	<ul style="list-style-type: none"> • Policies & Procedures relating to CDS and other job-related materials are posted at the organization. • A list of individuals promoted and/or interviews conducted under the CDS. 	<p>Through on-site interviews with workers determine that:</p> <ul style="list-style-type: none"> • They perceive the CDS to have meaningful career steps accompanied by increased compensation and responsibility. • They receive feedback on and are encouraged to take advantage of specific career development opportunities open and appropriate to them.

Criteria for NC NOVA Designation: Career Development		
Activity	Expected Evidence of Structure and Process	Outcome
Develop internal set of unlicensed direct-care job categories (such as peer mentors, senior aides, family liaisons) that represent a career ladder or lattice with corresponding reward within categories.	Policies & Procedures relating to CDS and other job-related materials posted at organization.	Through on-site interviews with workers determine that: <ul style="list-style-type: none"> • They understand the career ladder for unlicensed positions. • They see opportunity to advance within the sector rather than only outside of the sector. • Workers in different steps in fact have functional differences in their jobs.
Regular performance reviews that include both written and face-to-face assessments of employee's strengths, weaknesses and opportunities for advancement with associated professional development plan revised as needed to reflect advancement opportunities within organization and/or profession and beyond.	Sample of personnel records, with names blocked out, containing performance reviews	Through interviews with employees determine: <ul style="list-style-type: none"> • Their awareness of CDS and the extent to which it and employees' professional development plans are addressed at performance reviews. • Workers are recognized for their contributions, skills and talents • Workers are given the opportunity to improve themselves.
Opportunities for continuing education with management support.	Policies & Procedures relating to CDS that are posted and could include: <ul style="list-style-type: none"> • Reimbursement of tuition and/or registration fees • Granting of release time • Implementation of a "Win-A-Step-Up" model with financial incentives to direct-care workers who complete additional job-related training. 	Through interviews with workers determine: <ul style="list-style-type: none"> • Their knowledge of opportunities for continuing education. • Barriers to furthering workers' education are eliminated or lessened.
The posting of internal job vacancies and a formal application and selection process for employees who	Policies and procedures relating to CDS and other job-related materials posted at	Through interviews with workers determine: <ul style="list-style-type: none"> • Their knowledge of

Criteria for NC NOVA Designation: Career Development		
Activity	Expected Evidence of Structure and Process	Outcome
want to fill them.	the organization.	<p>opportunities for continuing education</p> <ul style="list-style-type: none"> • The selection process is seen as fair, and equal opportunity for participation exists

SECTION VI: NC NOVA APPLICATION AND REVIEW PROCESS

Medical Review of North Carolina (MRNC) is the entity that will be managing the application, review and determination process for the NC NOVA special licensure pilot project. Pilot projects will need to contact MRNC to obtain an NC NOVA application. Contact information for MRNC is included at the end of this section.

The application and review process will be comprised of the following components:

8. Once the applicant submits a completed application to MRNC, NC NOVA trained MRNC staff will conduct a pre-site visit desk review of the application and evidence submitted by the pilot applicant for NC NOVA designation;
9. After the initial desk review is completed, MRNC will conduct a conference call with the applicant to clarify any questions MRNC has pertaining to the application;
10. Once it is determined that the application information is complete, MRNC will schedule the on-site visit;
11. Trained MRNC staff will conduct an on-site review. The purpose of the on-site review is to confirm that application information and evidence submitted in/with the application is evident in the daily operations of the applicant. The on-site review will include interviews with administrative, supervisory, direct care staff and others as appropriate.

Note: It is important that the applicant help all staff within the organization understand that NC NOVA is not a regulatory survey. This is a “raise-the-bar” program to recognize and honor organizations that meet NC NOVA criteria. Staff should have a clear understanding of the goals of NC NOVA as well as the application, review, and determination process so they will be comfortable speaking with on-site reviewers

12. MRNC will conduct a post on-site review to compile all information and determine whether the applicant has met the requirements for NC NOVA special licensure designation.
13. MRNC will notify the applicant by letter as to whether or not they have met the criteria for NC NOVA special licensure designation. For each organization determined to meet the criteria, MRNC will notify the Division of Facility Services that an NC NOVA special licensure award needs to be sent to the applicant. The Division of Facility Services will be responsible for preparing and sending the special license to the successful applicant within a specified period of time. In cases where the applicant was determined not to meet the criteria, MRNC will provide a brief summary to the applicant identifying areas that need additional attention. The decision of MRNC is final. Entities that do not meet the criteria for NC NOVA special licensure designation may re-apply when ready for reconsideration.
14. The Division of Facility Services will mail an NC NOVA special license to each awardee following notification by MRNC.
15. Once MRNC makes a determination as to whether an applicant has or has not met the criteria for NC NOVA, all provider specific information collected through the application, on-site review, and post-review determination process will be destroyed.

Contact Information for Medical Review of North Carolina:

Medical Review of North Carolina
100 Regency Forest Dr.
Suite 200
Cary, NC 27511-9227
Attn: NC NOVA

Or via email at: NC_Nova@mrnc.org

SECTION VII: ELIGIBILITY CRITERIA TO APPLY FOR SPECIAL LICENSURE

NC NOVA special licensure designation is a **voluntary** program for home care agencies, adult care homes and nursing facilities.

State provider associations represented on the Partner Team are responsible for selecting agencies to participate in the pilot phase. Agencies/facilities selected to participate in the pilot must have a license in good standing (no provisional status).

Pilot sites must maintain their license/certification in good standing throughout the application, desk review and on-site review to be eligible to receive a NC NOVA special licensure designation.

Pilot sites determined to meet NC NOVA criteria will be issued a special licensure certificate. Because this is a voluntary program, all pilots (and future applicants once the program is implemented statewide) must agree to abide by the decision of Medical Review of North Carolina regarding whether or not the agency/facility met the criteria for NC NOVA designation as a result of the desk and on-site review process.

In the unlikely event a pilot site is decertified by Medicare and Medicaid or has its license revoked or licensure status changed to “provisional” at any point during the application and review process, the pilot will need to contact Medical Review of North Carolina to have its special licensure application/review put on hold until such time full license/certification is reinstated. The application/review process can resume once full license/certification is reinstated.

Applications, notes from on-site visits and any other material that Medical Review of North Carolina uses to determine whether a pilot site attains NC NOVA designation will be destroyed after the special licensure decision is made.

SECTION VIII: CONDITIONS FOR TERMINATING SPECIAL LICENSURE

Once a pilot site is awarded the NC NOVA designation, the designation remains in effect for two years. The only mandatory condition for which the Division of Facility Services would terminate special licensure designation prior to the end of the two-year award period is in the event that license or certification status negatively changes (i.e., license revoked or changed to provisional status; or decertified by Medicare and Medicaid).

In the event there is a change of ownership during the special licensure award period, the new licensee may seek to maintain the special licensure designation for the duration of the award period by requesting an expedited review through Medical Review of North Carolina. The purpose of the expedited review will be to ensure that the new licensee continues to meet the criteria for special licensure. The Partner Team will more fully develop the process for expedited review at a later date.

Appendix 1: Data Submission Requirements

OVERVIEW

Pilot providers will designate an individual to serve as a data liaison with the National Better Jobs Better Care evaluation team (Penn State University) to coordinate efforts to ensure the following:

- Needed technical assistance from Penn State is arranged/obtained
- All required evaluation data are submitted accurately and in a timely manner pertaining to all routine and quarterly data submission requirements which will include, at a minimum:
 - Submission of employee (direct care workers) hiring and termination data (some data submitted consistent with the provider's payroll cycle). Once the first listing of workers is submitted, only new additions/terminations will need to be reflected on subsequent forms.
 - Submission of quarterly data including: direct care worker employment status (full-time, part-time & hours of employment); number of job openings, direct care wages by person, use of temp agency direct care staff, and health insurance coverage).

For both categories of data above, a simple web-based format for submission of this data will be provided by Penn State University. In the event the provider does not have computer capacity to complete this data, a hard copy format will be made available. Penn State will provide technical assistance to each pilot site. In addition, Penn State will provide summary data to each pilot on turnover data, etc. for the specific use of the pilot site if they so desire.

- Before and after surveys completed by direct care staff and manager of clinical services (e.g. Director of Nursing in a nursing facility). These surveys address information about job characteristics, job satisfaction, impact of culture change initiatives to compare changes at beginning of demonstration and end.

- Participate in any telephone interviews set up through the national program evaluation office.

It is important to note that none of the data collected by Penn State for purposes of the national Better Jobs Better Care evaluation will be pilot site specific. The smallest unit of data that will be reflected in any evaluation data/reports they produce for the national program will be aggregate state data.

Data specifically related to NC NOVA: provider may also be requested to submit

- Additional information that the Partner Team may request for use by the Partner Team to make any necessary revisions to NC NOVA program, if any.

Note: All application, on-site review materials and interview information submitted to or collected by Medical Review of North Carolina for the purpose of determining whether an applicant has met the criteria for NC NOVA will remain confidential. The only provider specific information that will be provided to the Partner Team, Division of Facility Services, or public is a list of pilot organizations that received an NC NOVA award. All specific information submitted by the provider will be destroyed upon notification of the provider as to whether they will receive an NOVA award, or not, based on their application and review process. For the benefit of individual providers, Medical Review of North Carolina will NC NOVA applicants a brief synopsis of applicant strengths and any areas that need additional attention for purposes of meeting NC NOVA criteria.

- Agree to abide by the findings of Medical Review of North Carolina regarding whether criteria for receipt of an NC NOVA award has been met.
- In the event the provider decides to not complete implementation efforts in readiness of submitting an NC NOVA application, the provider agrees to continue submitting routine and quarterly data required of all pilot projects throughout the pilot period (July 2005 through December 2006).

Appendix 2: State-Approved Coaching Supervision Trainers

Trainers – Coaching Supervision	Telephone Number	Email Address
Dottie Bement	910-944-9665 (h) 910-695-3965 (w)	bementd@sandhills.edu
Diana Bond	919-350-5920/8547	dbond@wakemed.org
Trent Cockerham	336-679-8852	Trent.cockerham@triadgroupinc.com
Tony Garcia	336-243-2500	TGRN@triad.rr.com
Therese Gilmore	910-326-1068	trgilmore@ec.rr.com
Jodi Hernandez	919-733-0440 (w-Ral.) 336-357-2700 (w – Lex.)	Jodi.hernandez@ncmail.net
Carla Hutcherson	252-535-2072 252-578-5295 (cell)	lucasgrl@3rddoor.com
Rose Ludd	336-421-3717	luddr@bellsouth.net
Leigh-Anne Royster	919-563-6514	lean@email.unc.edu
Kathie Smith	919-848-3450	kathiesmith@homeandhospicecare.org
Teepa Snow	919-832-3732	tsnow@alznc.org
Sandy Spillman	336-724-1000, ext 108 (w) 336-813-1240 (cell)	sandydss@aol.com
Pat Strickland	828-694-1761 (w) 828-693-8548 (h) 828-777-9121 (cell)	pats@blueridge.edu
Donna White	919-733-0440, ext. 232	Donna.white@ncmail.net
Allyson Woodside	910-257-0246	allykatzen@yahoo.com

Appendix 3: Resource Documents

Making Workforce Development Part of the Debate

“Why Workforce Development Should Be Part of the Long-Term Care Quality Debate” (Stone, Dawson, Harahan; October 2003).

Available online via

http://www.paraprofessional.org/publications/LTC_Quality_Debate_Paper.pdf

Recent Findings on Frontline LTC Workers

“Recent Findings on Frontline Long-Term Care Workers: A Research Synthesis 1999-2003,” (authored by staff with the Institute for the Future of Aging Services and published by the DHHS’s Office of Disability, Aging and Long-Term Care Policy), May 2004.

Available online via:

<http://www.directcareclearinghouse.org/download/research%20synthesis.pdf>

Creating a Culture of Retention

“Creating a Culture of Retention: A Coaching Approach to Paraprofessional Supervision” (Paraprofessional Healthcare Institute)

Also available online via:

<http://www.paraprofessional.org/publications/PHICoaching.pdf>

Peer Mentoring in LTC

Introducing Peer Mentoring in Long-Term Care Settings. This is one of a series of occasional papers produced by the Paraprofessional Healthcare Institute. (May 2003).

Available online via:

<http://www.directcareclearinghouse.org/download/WorkforceStrategies2.pdf>

Training for Recruitment and Retention

“The Role of Training in Improving the Recruitment and Retention of Direct-Care Workers in Long-Term Care. One in a series of occasional papers (Workforce Strategies No. 3) produced by The Paraprofessional Healthcare Institute (January 2005).